

**PHYSICIAN'S CERTIFICATION
OF
PERMANENT DISABILITY (\$500)**

I, _____, a physician licensed pursuant to Chapter 458 or chapter 459, Florida Statutes, hereby certify
☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. _____,
social security # _____, is permanently disabled as of
January 1st _____, due to the following condition(s):

Permanent disability (explain): _____

It is my professional belief that the above-named condition(s) render this patient totally and permanently disabled, and that the foregoing statements are true, correct and complete to the best of my knowledge and professional belief.

Signature _____
Address (print) _____
Date _____
Florida Board of Medicine or Osteopathic Medicine
License number _____
Issued on _____

NOTICE TO TAXPAYER: Each Florida resident applying for a total and permanent disability exemption must present to the county property appraiser, on or before March 1st of each year, a copy of this form or a letter from the United States Department of Veterans Affairs or its predecessor. Two of the disability forms are required to be completed by two non-professionally affiliated physicians.

NOTICE TO TAXPAYER AND PHYSICIAN: Section 196.131(2), Florida Statutes, provides that that any person who shall knowingly and willfully give false information for the purpose of claiming homestead exemption shall be guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year or a fine not exceeding \$5,000 or both.